

**HEADQUARTER ASSESSMENT TIPS/CARE TIPS**  
**CARE Help Desk 1-800-818-4024**

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Care Tip of the Day (August 16, 2004)

- Emptying a client's commode or urinal is considered set-up under Toileting.
- On the Relationships/ Interests screen the box "Openly expressed conflict/anger with family/friends/roommate/caregiver" box is to be checked when the client has expressed they are angry or has conflict with family/friends/roommate/caregiver, not that they have the ability to express feeling of anger openly with others.
- Behaviors: For each current behavior or past behavior addressed with current interventions, describe the interventions necessary to address the client's behavior in the comment box.
- When documenting verbal consent of client's plan of care, remember to use the contact code "S/P Approval" on the SER screen.

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Care Tip of the Day (August 6, 2004)

The CARE update scheduled August 6, 2004 (after 5 pm) will include the following CARE Help screen updates:

F-1: Treatment screen. Walking documentation requirements.

F-1: Equipment/Environment documentation requirements.

F-1: Decision Making: Added guideline for Always able to Supervise Provider

F-1 and Assessor Manual: Pain: When referral required.

F-1: Decision Making: Added to definition of Decision Making.

F-1: Depression: Total possible points

F-1: Locomotion outside of room: evacuation levels for AFH's only.

F-1: Behaviors: Deleted "Other"

F-1: Locomotion in Room: clarification for coding when client does not use wheelchair.

F-1: Medication Mgmt: Added instruction for comments when client self-directs.

F-1: Support: Schedule not required for residential providers

F-1: Care Plan: Changed deduction for HDM and ADC.

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**SCORING FOR TRANSPORTATION:**

NOTE: This is original tip #50. It has been reissued based on questions how to score transfer as a Transportation subtask.

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When scoring for Transportation, it does not depend upon the client's ability to drive, but on the need for assistance. For example, code:

- **Independent**, if a client drove without assistance OR if client did not drive, but used other modes of transportation independently.
- **Limited**, if the client sometimes traveled without assistance.
- **Extensive**, if the client needed someone to accompany him/her to assist with driving, ambulation or transfers, etc.
- **Total**, only if the client did not participate at all in the task. In other words, the client was not involved in planning the trip and required a **TOTAL** assist with **transfer**, total assist with ambulation, driving, etc.

Remember! Medicaid Brokerage is the method to be used for clients' medical transportation needs. COPES or MPC transportation services cannot replace Medicaid-brokered transportation or other transportation services available in the community.

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#### Care Tip of the Day (July 1, 2004)

Use the Functional Limitations and Indicators lists to provide a clear picture of the client's functioning. If the list does not include limitations that apply to the client, then document the relevant physical limitation in the appropriate diagnosis comment box.

Note: This tip pertains to the Functional Limitations (i.e. Poor Balance, Unsteady Gait, Partial Weight Bearing, Non Weight Bearing etc) and Indicators selections located on the Diagnosis screen. See the help screen or the CARE Assessor Manual for more information and the entire list of selections. Be especially careful to select the appropriate Functional Limitations since they print out on the Assessment Details: "The following are the clients functional limitations as they impact ADL functioning: i.e. " poor balance " If a client needs assistance with ambulation then you would expect to see "poor balance" etc. selected to provide the clear picture noted in this tip.

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#### CARE Tip of the Day: (June 25, 2004)

It is very important to remember to check out your clients in CARE prior to going out into the field to do their assessments. Many assessment types are not available offline and completing the incorrect assessment type often causes problems when trying to incorporate them into their online file.

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#### CARE Tip of the Day: (June 14, 2004)

Training and Self Care Skill Practice over the past 14 days:

In order for these activities to be selected, there must be: measurable objectives and interventions included in the therapist's care plan, caregivers must be trained in techniques that promote client involvement, programs must be periodically reevaluated by a nurse and time spent on each program must be at least 15 minutes a day. Document in the comment box that plan has been reviewed or a copy is in the file. All criteria mentioned above must be met before Walking can be selected. **This item does not include a recommendation by a healthcare provider that the client walk on a regular basis.** This issue must be re-evaluated at least annually by the RN or therapist and there must be documentation that this has occurred in the SER or comment box in the assessment.

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Note: This tip pertains to Rehab/Restorative Training Treatments located in the Medical Folder.

Amputation/prosthesis care	Eating or Swallowing
Bed Mobility	Instrumental Activities of Daily Living
Client training/waiver	Medication Self-Administration
Communication	Transfer
Dressing or Grooming	Walking

Please review and read the CARE help screen and/or CARE Assessor Manual prior to selecting these treatments for your clients.

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**CARE Tip of the Day: (June 2, 2004)**

Before submitting a request for an Exception to Rule, make sure the following standards are met:

- \* Behavior screen: Comment boxes must include caregiver instructions for all current behaviors and past behaviors that are managed with current interventions.
- \* Support screen: Each paid and unpaid provider must have a schedule
- \* Caregiver Status screen: If more hours are needed to prevent burnout of paid or unpaid caregivers, use the Zarit Burden Interview to reflect the level of stress.

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**CARE Tip of the Day: (April 20, 2004)**

When to inactivate a client:

- \* If a client has been added to CARE and then decides to withdraw their request, regardless if a primary caseworker has been assigned or not
- \* If a client is found ineligible, move the assessment to history, and after 14 days inactivate the client
- \* It is not acceptable to simply move the assessment to history and remove the team members name from the case.

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**CARE Tip of the Day: (March 23 2004)**

Legacy CA client SSPS authorizations can be accessed in CARE SSPS and necessary changes made through the CARE portal once a client has been assessed in CARE. You do not need to terminate the previous/old CA authorizations through Web Connect, and then reopen a new SSPS authorization in CARE.

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**CARE Tip of the Day: (March 22, 2004)**

The Skin Observation Protocol (MB 03-29, dated April 18, 2003) states that skin observation is not required for clients who meet the highest risk indicators, are cognitively intact, decline observation, and the case manager/nurse does not know if the client has a current skin problem. The Protocol delineates steps to take to encourage the client to accept skin observation if possible; however, if the client continues to decline, the observation will not be completed. In this event, documenting that the client has declined observation and obtaining the client's signature to that effect is critical. In addition to documenting your efforts and the client's refusal of skin observation within the assessment, in CARE you will need to hand-write a statement on the Service Summary indicating that the client has declined skin observation and obtain the client's signature. Also, the Protocol states that these cases need to be discussed

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with supervisors.

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CARE Tip of the Day: (March 19, 2004)

Preventing the duplication of client records in CARE:

- Do not create a new client when creating a new assessment for the client. (Some workers are creating a new client record when before a Significant Change assessment. \* Check in clients that have been created off-line immediately upon returning to the office. \* If you need to reassess a client that belongs to another office, do not create a new client record. Ask the other office to transfer the record to you or arrange to be added to that client's team.

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CARE Tip of the Day: (March 18, 2004)

On the Eating Screen under the limitations box, choose "Choking, last 6 months" if the client has a persistent problem with choking while eating or drinking; choose "Current swallowing problem" if the client requires that food and liquids be modified before it can be swallowed by the client.

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CARE Tip of the Day: (March 17, 2004)

There are online ICD-9 manuals complete with search mechanisms available to help find advanced search diagnosis. Here are a few web addresses to try:

<http://neuro3.stanford.edu/CodeWorrier/>

<<http://neuro3.stanford.edu/CodeWorrier/>>

<http://www.elp.ttuhsu.edu/icd9/index.htm>

<<http://www.elp.ttuhsu.edu/icd9/index.htm>>

[www.eicd.com/EICDMain.htm](http://www.eicd.com/EICDMain.htm) <[www.eicd.com/EICDMain.htm](http://www.eicd.com/EICDMain.htm)>

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CARE Tip of the Day: (March 16, 2004)

Confused about where to score application of skin ointments? Score on the "Skin" screen if the ointment or lotion is not prescribed by their health care provider. Score on the "Treatments" screen if the skin ointment or medication, including over the counter items, has been prescribed or recommended by their health care provider.

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CARE Tip of the Day (March 15, 2004)

When coding Self Performance in Eating, remember that set-up is included in Support Provided, not Self Performance. Examples of set-up are bringing food to the client, cutting food, opening containers, etc. If the client fed herself with set-up, the code is Independent. If the client needed to be monitored for choking, the Self Performance code would be Supervision. Code Limited if the client needed non-weight bearing physical assistance. Code Extensive if the client was fed some of the time or received weight bearing

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CARE Tip of the Day: (March 12, 2004)

On the Care Plan screen the list of "Planned Settings" never changes. If your client is not eligible for COPES, Assisted Living facilities will still appear on the list. The list is not filtered according to the Program selected in "Client is eligible for ..." box. The lists are also not filtered/linked to CARE SSPS codes.

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CARE Tip of the Day: (March 11, 2004)

If a client lives with their paid care provider: On the Housework screen, do not check "yes" to the question "Does client use off site laundry?" It can be left blank and you will still get your diamond.

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CARE Tip of the Day: (March 10, 2004)

Adult Day Health providers should be added to the collateral contacts screen and when assigning their tasks in the care plan/supports screen, the ADH provider should be pulled from the "contact" folder rather than the "providers" folder to assign their tasks. Another way would be to pull Adult Day Health providers from the Resources tab on the supports screen. (Note: Currently the Resource database does not include King County ADH vendors, please use the collateral contacts screen)

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CARE Tip of the Day: (March 9, 2004)

When scheduling and performing an assessment, be sure to build in breaks and meal times that reflect the client's routine.

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CARE Tip of the Day: (March 8, 2004)

What would you score? The client has a repositioning chair in which she uses during the day that automatically provides pressure relief to the client. At night her husband does her repositioning and turning manually. Would you score that this client has a turning/repositioning schedule?

YES, reason being that the client's need for turning/repositioning is continuous and is being done by her chair and her husband on a regular basis.

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CARE Tip of the Day: (March 5, 2004)

If a client who is applying for non-Medicaid programs (CHORE, APS, or State pay only) does not have a Social Security number, then the correct number to use in the Client Demographics Screen and SSPS is 123456789. For all Medicaid clients, payment cannot occur until the client's social security number is verified. The client's ACES screen would be a good resource to use.

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CARE Tip of the Day: (March 4, 2004)

If you are attempting to key in data in the comment or other text boxes and are unable to put part or all of the text you want in the box, it is probably because you have exceeded the amount of text allowed for that box. The text boxes allow up to 512 characters only.

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CARE Tip of the Day: (March 2, 2004)

If diabetes is listed as a diagnosis, don't forget to ask about blood sugar monitoring and injections on the Treatment screen.

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CARE Tip of the Day: (March 1, 2004)

Keep in mind when determining "Status" that each ADL and IADL is a separate and distinctive task. We can not generalize that a particular informal support who is not willing/able to assist partially or at all with one task will have the same response with the other tasks. The discussion needs to occur for each ADL and IADL. All informal supports should be talked about if available for each task as well.

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CARE Tip of the Day: (February 27, 2004)

When administering the MMSE, tell clients you are going to administer one of the standardized screening tools included in CARE. Do not react to their responses.

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CARE Tip of the Day: (February 26, 2004)

If Turning and repositioning program is selected on the Skin screen, then also be sure to select

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either Chair fast or Bedfast from the Limitations bucket on the Bed Mobility screen. (Note before selecting Bed Mobility in the treatment screen, please read the definition on the help screen).

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CARE Tip of the Day: (February 25, 2004)

Don't forget you have a handy cheat sheet in the back of your Policy Training Manual that has a list of common Diagnosis's and Treatments that usually go together. (If you need a new copy, please let Eric or Hilary know).

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CARE Tip of the Day: (February 24, 2004)

Allergies? They are now included in the list of generic diagnoses. Try to remember to ask about allergies, list them in the diagnosis screen and document what they are in the comment box.

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CARE Tip of the Day: (February 23, 2004)

The Wood screen has the following question at the top: "Only source of heat?" You should select "Yes" if the client uses wood as the only source of heat and/or cooking. There may be other sources, such as space heaters, baseboards or a furnace, but select "yes" if the client only uses wood. If the client has not heated their home in the last 30 days but will be using only wood, select "Did not Occur" in Self Performance.

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CARE Tip of the Day: (February 19, 2004)

If the treatment, skin care, or foot care is going to continue, make sure you've selected Needs".

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CARE Tip of the Day: (February 18, 2004)

Informal support provided by children under the age of 18 will not be considered in "Status" or "Assistance Available".

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CARE Tip of the Day: (2/13/04)

Remember; if the client is able to do their own skin and/or foot care then score status as "Need Met". Also, score "Need Met" if a non-ADSA paid source, for example a Podiatrist, is doing the task.

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CARE Tip of the Day: (2/12/04)

On the Treatment screen, wound/skin care refers to measures to treat open skin areas or post-operative incisions to promote healing. It does not refer to monitoring of skin condition.

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CARE Tip of the Day (2/11/04)

When coding "Living Arrangements" on the Assessment Main screen, select "Client lives with paid provider" if the person providing care is currently unpaid and will become the paid provider when services begin

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CARE Tip of the Day: (2/10/04)

Hemiplegia should only be selected if the client has paralysis on one side. Hemiparesis is weakness on one side.

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CARE Tip of the Day: (02/09/04)

If the client recalled all 3 items on the MMSE and Recent Memory Problem is selected, then there should be an explanation in the comment box.

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CARE Tip of the Day: (2/6/04)

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Cases may not be transferred until the appropriate RN Referrals or consultations have been made and documented on the RN Referral screen in the Care Plan.

Headquarter Tip Clarification: This tip was primarily meant for transfers between HCS and AAA offices. It would be up to each office how they would want this to work within their actual office.

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CARE Tip of the Day: (2/05/04)

When scoring for Transportation, it does not depend upon the client's ability to drive, but on the need for assistance. For example, code:

- 1 Independent, if a client drove without assistance OR if client did not drive, but used other modes of transportation independently.
2. Limited, if the client sometimes traveled without assistance.
3. Extensive, if the client needed someone to accompany him/her to assist with driving, ambulation or transfers, etc.
- 4 Total, only if the client did not participate at all in the tasks. In other words, the client was not involved in planning the trip and required a total assist with transfer, total assist with ambulation, driving, etc.

Remember! Medicaid Brokerage is the method to be used for clients' medical transportation needs. COPES or MPC transportation services cannot replace Medicaid-brokered transportation or other transportation services available in the community.

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CARE Tip of the Day: 2/4/04

If your client has unidentified medications that they are taking, you may enter the code found on the pill or capsule on the Medication search screen to identify the medication. All of the numbers are 10 digits, so add enough 0's to the beginning of the number to make 10. Example: The number on Atenolol is 199166. If this is a medication the client is taking but there is no bottle and the client can't remember what it is, you would enter 0000199166 in the Code field and click on Search to find out that the medication is Atenolol

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CARE Tip of the Day: (2/3/04)

If there are Critical Indicators triggered in the Care Plan folder on the Nursing Referral screen a referral to nursing services is recommended. The assessor should document why a referral was made or why it was not made for each indicator prior to moving the assessment to Current.

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CARE Tip of the Day: (2/2/04)

Wondering where to find the diagnosis of AIDS? It can be found under the advanced search, code 042 or as "Human Immuno Virus DIS".

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CARE Tip of the Day: (1/30/04)

Assessors: Check cases in if you are not working on the case so others can have access to them if necessary.

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CARE Tip of the Day: (1/29/04)

Remember when searching for a diagnosis, always use the generic search first. To find a diagnosis, it is always best to just type in the first letter or two. Use the Advanced search only if the diagnosis can't be found in the generic search. A list of all generic diagnosis in CARE can be found in the F1 screen.

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CARE Tip of the Day: (01/28/04)

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Don't forget to add a "client preferred" schedule for each provider, except for client's living in a residential setting.

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CARE Tip of the Day: (01/27/04)

Remember, when assessing clients in residential facilities, do not count facility staff under "Status", they are an ADSA-paid resource. Only consider non-ADSA paid resources such as family, friends, and home health when determining "Status".

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CARE Tip of the Day: (1/26/04)

Be sure to synchronize regularly! Frequent synchronization ensures that your latest changes are sent to the database on the network and that you receive any new updates from the network. For example, you will gain access to the most up-to-date caseload report and the latest provider.

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CARE Tip of the Day: (1/21/04)

If the client has had more than 6 falls, document the 6 with the most serious consequences and add a comment about the frequency of falls.

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CARE Tip of the Day: (1/20/04)

Struggling to complete the required fields on the Treatment screen? Be sure to highlight each treatment and complete the mandatory fields in the treatment detail section below.

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CARE Tip of the Day: (01/16/04)

Just for clarification for the diagnosis abbreviation of NEC (not elsewhere classified) is used when the ICD-9 system does not provide a code specific for the patient's condition. The abbreviation NOS (not otherwise specified) is the equivalent of "unspecified" and is used only when the coder lacks the information necessary to code to a more specific four-digit subcategory.